

Case Number:	CM13-0001364		
Date Assigned:	11/08/2013	Date of Injury:	02/05/2002
Decision Date:	05/12/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 5, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; Synvisc injection; knee arthroscopy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of July 4, 2013, the claims administrator denied request for Naprosyn and Omeprazole, stating that the attending provider should eschew long-term usage of NSAIDs (Non -Steroidal Anti Inflammatory Drugs). The applicant's attorney subsequently appealed. In a progress note of October 14, 2013, the applicant was described as having persistent knee pain, 5-8/10 about the right knee and 3-5/10 about the left knee. It is stated that the applicant has returned to full duty work as a construction laborer and is working with pain. The applicant has depression and anxiety. Naprosyn was endorsed. The applicant was returned to regular duty work. There was no mention of reflux, heartburn, or dyspepsia noted in any portion of the report. An earlier note of August 2, 2013 was again notable for comments that the applicant was working regular duty despite ongoing issues of bilateral knee arthritis. Final Determination Letter for IMR Case Number [REDACTED] In an earlier note of July 26, 2013, the applicant was described as using both Naprosyn and Omeprazole. Again, there is no mention of reflux or heartburn on this visit, however.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NAPROSYN 550MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), specific recommendations: Osteoarthritis (including knee & hip).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22,73.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the knee arthritis reportedly present here. This is echoed by page 73 of the MTUS Chronic Pain Medical Treatment Guidelines, which likewise endorses Naprosyn in the treatment of arthritis, the primary diagnosis present here. The applicant has responded favorably to introduction of Naprosyn. The applicant has returned to regular duty work. It is suggested that ongoing usage of Naprosyn has increased the applicant's standing and walking tolerance. Continuing the same, on balance, is indicated. Therefore, the request Naprosyn 550mg #60 is medically necessary and appropriate.

OMEPRAZOLE 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there is no evidence of dyspepsia, reflux, or heartburn on any recent progress note provided. Accordingly, the request for omeprazole 20mg #60 is not medically necessary and appropriate.